**OFFICIAL PRICE PAGE FOR QUOTATIONS UP TO R1 000 000**

QUOTE NUMBER: ZNQ /PMM / 537 / 26 _27

DESCRIPTION: 87 750 UNITS APRON PLASTIC FULL BODY DISPOSABLE WHITE

| THE BELOW PREFERENCE POINTS WILL BE ALLOCATED IN COMPLIANCE WITH THE DEPARTMENTAL PREFERENCE PROCUREMENT POLICY (KNOWN AS SCM PPP): | POINTS ALLOCATED |
|---|---|
| Race: Full points allocated to companies who are at least 51% Owned by Black People | 20 |

| ICN NUMBER | QUANTITY | UNIT OF MEASURE | DESCRIPTION | BRAND & MODEL | COUNTRY OF MANUFACTURE | PRICE | |
|---|---|---|---|---|---|---|---|
| | | | | | | R | C |
| | 87750 | UNIT | APRON PLASTIC FULL BODY | | | | |
| | | | DISPOSABLE WHITE | | | | |
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| | | | REFER TO THE ATTACHED EVALUATION | | | | |
| | | | SPECIFICATION | | | | |
| | | | SAMPLE TO BE SUMBITTED ON | | | | |
| | | | CLOSING DATE | | | | |
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| VALUE ADDED TAX @ 15% (Only if VAT Vendor) | | | | | | | |
| TOTAL QUOTATION PRICE (VALIDITY PERIOD 90 Days) | | | | | | | |

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) _____

NAME OF BIDDER: _____

SIGNATURE OF BIDDER: _____
[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____

DATE: _____

# ANNEXURE A: SPECIFICATION FORM

| | | |
|---|---|---|
| **NAME OF PROCURING FACILITY** | PRINCE MSHIYENI MEMORIAL HOSPITAL | |
| **ITEM DESCRIPTION** | APRON DISPOSABLE WHITE | |
| **ITEM PURPOSE** | IT IS USED AS PROCTECTIVE CLOTHING | |
| **ITEM DETAILED SPECIFICATION (INCLUDE SIZE, COLOUR, MATERIAL, ETC.)** | | **COMPLIES (YES/NO)** |
| 1. | IT MUST BE WHITE IN COLOUR | |
| 2. | THE MATERIALS: MUST BE DURABLE MICRONS PLASTIC | |
| 3. | IT MUST BE WATERPROOF, LIGHTWEIGHT | |
| 4. | IT MUST BE FULL-BODY COVERAGE WITH SLEEVES AND ROUND NECK AND BACK TIESSTRAPS | |
| 5. | IT MUST BE PACKED IN PKT/50 IN AN BOX OF 10PKT | |
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| | | |
| | | |
| **QUALITY STANDARD** | SABS | YES |
| **UNIT OF MEASURE OR PACKAGING I.E. (UNIT/BOX/ROLL/PACK/BAIL ETC)** | UNIT | |
| **SAMPLE REQUIRED (YES/NO) IF YES WHEN AND HOW?** | | |
| **ADDENDUM TO SPECIFICATION ATTACHED (YES OR NO)** | | |

**Note:**

1.
2.
3.

**SPECIFICATION APPROVED BY**

| | | | |
|---|---|---|---|
| Name of End-user (in full) | N. MPITHI | Name of SCM Rep (in full) | K.P. Shazi |
| Designation / Rank (in full) | STORE ASSISTANT | Designation/ Rank (in full) | ACTING S.M.O |
| Signature | N. MPITHI | Signature | |
| Date | 24/08/26 | Date | 2026/08/24 |

Bidder Initial here: _____